FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR

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OMB	APPI	ROVĀL	· · · · · · · · · · · · · · · · · · ·
OMB Numb	er:	323	35-0076
Expires:	Septe	mber 3	0, 2008
Estimated av	erage	burden	
hours per res	sponse		16.00

SEC USE ONLY

DATE RECEIVED

Serial

Prefix

UNIFORM LIMITED OFFERING EXEM	PHON
Name of Offering (check if this is an amendment and name has changed, and indicate	change.)
Meadows Bank Offering of Common Stoo	ck 956
Filing Under (Check box(es) that apply):	Rule 4(6) Wall Processing
Type of Filing: New Filing Amendment	Section
A. BASIC IDENTIFICATION DATA	
Enter the Information requested about the issuer	SFP 1 U 2008
Name of Issuer (check if this is an amendment and name has changed, and indicate changed	ange.)
Meadows Bank	tilloshington, DC
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
8912 Spanish Ridge Avenue, Las Vegas, Nevada 89148	(702) 471-2001
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	
Brief Description of Business	
Nevada state bank SEP 1820	
OC: 1970	
Type of Business Organization THOMSON DE	
Type of Business Organization	MLERSase specify): 08059808
business trust limited partnership, to be formed	
Actual or Estimated Date of Incorporation or Organization: Month Year	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation	n for State:
CN for Canada; FN for other foreign jurisdic	tion) N V

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

CN for Canada; FN for other foreign jurisdiction)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A. BASIC IDENTIF	ICATION DATA		
2. Enter the information requested to					
Each promoter of the issuer,Each beneficial owner havin	='	_	•	10% or more of a c	lass of equity securities of
the issuer.		•			
 Each executive officer and d 			orate general and managing	partners of partner	ship issuers; and
Each general and managing	partner of part	nership issuers.	_		
Check Box(es) that Apply: Pro	romoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if indiv	vidual)				
Business or Residence Address (Olymphan and S	Menon, A			
· ·	•	treet, City, State, Zip Cod			
			e Avenue, Las Vegas, Neva		
	romoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if indiv	vidual)				
		Bullard, V		<u> </u>	
Business or Residence Address ((Number and S	treet, City, State, Zip Cod	le)		
	c/o Meadows	Bank, 8912 Spanish Ridge	e Avenue, Las Vegas, Neva	ada 89148	
Check Box(es) that Apply: Pr	romoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if indiv	vidual)				
		Reid, 1	Kev		
Business or Residence Address ((Number and S	treet, City, State, Zip Coo			· · · · · · · · · · · · · · · · · · ·
	c/o Meadows	Bank 8912 Spanish Rido	e Avenue, Las Vegas, Nev	ada 89148	
	romoter	Beneficial Owner	⊠ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if indiv	vidual)		 ;		
•	,	Swendseid	l Chris		
Business or Residence Address (Number and S	treet, City, State, Zip Coo	<u> </u>		
	-	•	e Avenue, Las Vegas, Nev	ada 20142	
	romoter	Beneficial Owner	Executive Officer	Director	General and/or
Check Boxiesy man rippiy.	· Olliotti				Managing Partner
Full Name (Last name first, if indiv	vidual)				
		Agassi, /	Andre		
Business or Residence Address ((Number and S	Street, City, State, Zip Coo	le)		
	c/o Meadows	Bank, 8912 Spanish Ridg	e Avenue, Las Vegas, Nev	ada 89148	
Check Box(es) that Apply: Pr	romoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if indiv	vidual)			•	
		Ayala, I)aniel		
Business or Residence Address ((Number and S	Street, City, State, Zip Coo			
	c/o Meadows	Bank 8912 Spanish Rida	e Avenue, Las Vegas, Nev	ada 89148	
	romoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if indiv	vidual)				Tranaging rather
(,	Fautitta I			
Business or Residence Address (Number and S	Fertitta, 1 Street, City, State, Zip Coo			
				ada 901.te	
			e Avenue, Las Vegas, Nev Executive Officer	Director	General and/or
	romoter	Beneficial Owner	D Pyconine Outce.	M Director	Managing Partner
Full Name (Last name first, if indiv	viuual)	_			
Business or Residence Address ((Niumbar and C	Greenspur Street, City, State, Zip Coo			
		•			
	c/o Meadows	Bank, 8912 Spanish Ridg	e Avenue, Las Vegas, Nev	ada 89148	

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC	IDENTIFICATION DATA		
2. Enter the information requested for the following:			
Each promoter of the issuer, if the issuer has been organize		C 100/	
 Each beneficial owner having the power to vote or dispose the issuer. 	e, or direct the vote or disposition	of, 10% or more of a cla	ass of equity securities of
 Each executive officer and director of corporate issuers ar 	d of corporate general and manag	ing partners of partnersh	nip issuers; and
 Each general and managing partner of partnership issuers. 			
Check Box(es) that Apply: Promoter Beneficial C	Owner	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
	Rogers, James		
Business or Residence Address (Number and Street, City, Stat	e, Zip Code)		
c/o Meadows Bank, 8912 Spa	nish Ridge Avenue, Las Vegas, N	evada 89148	
Check Box(es) that Apply: Promoter Beneficial C	wner	☑ Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
	Rogers, Perry		
Business or Residence Address (Number and Street, City, Stat	e, Zip Code)		
c/o Meadows Bank, 8912 Spa	nish Ridge Avenue, Las Vegas, N	evada 89148	
Check Box(es) that Apply: Promoter Beneficial C	Owner	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)	Poster, Timothy		
Business or Residence Address (Number and Street, City, Stat			
•	nish Ridge Avenue, Las Vegas, N	levada 80148	
Check Box(es) that Apply: Promoter Beneficial C		☑ Director	General and/or Managing Partner
Full Name (Last name first, if individual)	1		
	Wortman, William		
Business of Residence Address (Number and Street, City, State	e, Zip Code)		
c/o Meadows Bank, 8912 Spa	nish Ridge Avenue, Las Vegas, N	levada 89148	
Check Box(es) that Apply: Promoter Beneficial C	Owner	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
	eenspun Legacy, LP		
Business or Residence Address (Number and Street, City, Stat	e, Zip Code)		
c/o Brian L. Greenspun, 901 N. Gree	ivalley Parkway, Suite 210, Hend	erson, Nevada 89074	
Check Box(es) that Apply: Promoter Beneficial (Owner	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
	Fertitta Capital		
Business or Residence Address (Number and Street, City, Stat	e, Zip Code)		
	V. Charleston #600, Las Vegas, N		
Check Box(es) that Apply: Promoter Beneficial C	Owner 🔀 Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
	Brad Tope		
Business or Residence Address (Number and Street, City, Star	e, Zip Code)		
c/o Meadows Bank, 8912 Spa	nish Ridge Avenue, Las Vegas, N	levada 89148	

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ Beneficial Owner Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Clay Wanta Business or Residence Address (Number and Street, City, State, Zip Code) c/o Meadows Bank, 8912 Spanish Ridge Avenue, Las Vegas, Nevada 89148 General and/or Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer Director General and/or Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) Business o: Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner ☐ Executive Officer □ Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box (es) that Apply: ☐ Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) and/or Beneficial Owner Executive Officer □ Director General Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address Beneficial Owner ☐ Executive Officer Director General and/or Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

				В.	INFORMA	TION ABO	OUT OFFE	RING				
1 11	tha iggues	ld on door t	ha ianuar i-i	tand to sall	to no= ccc	raditad inser	utare in this	offering?		,	Y(
i. Has	ine issuer so	ia, or does t							***************		٠ ـــ	J (23)
2 11/1-	* io *h oii				• •	Column 2, i	_					\$100,000 (1)
z. wna	it is the mini	mum mvesu	ment that w	iii be accep	icu irom an	iy individua			1 *** * * * * * * * * * * * * * * * * *		· _	
3. Does	s the offering	permit joir	nt ownershir	of a single	: unit?					*************************		
or si listed of th set fo	milar remund is an associ te broker or orth the info	eration for sited person dealer. If memorial for the second secon	solicitation or agent of agent of agent of agent of the first that broker of the first that broker of the first broker of the	of purchase f a broker ove (5) perse	ers in conne or dealer reg ons to be lis	ction with sistered with	sales of sec the SEC a	urities in th nd/or with a	e offering. state or sta	any commission of a person to be tes, list the name of dealer, you ma	ie ie	
Full Nar	ne (Last nai	me first, if ir	ndividual)									
Business	s o: Residen	ce Address	(Number	and Street	City, State	, Zip Code)		<u>.</u>		<u> </u>	-	
Name of	f Associated	Broker or E	Dealer				•		· · · · · · · · · · · · · · · · · · ·			
	Which Pers										,	—
•		s" or check		•								All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	(AZ) [IA] [NV] [SD]	[AR] [KS] [NH] (TN)	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC} [VA)	[DC] [MA] [ND] [WA]	[FL] [M1] (OH) [WV]	[MN] [[OK] [HIJ MS] OR] WY]	(ID) [MO] [PA] [PR]
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Dualman	Daaidaa		(Mussia as	and Street	City State	, Zip Code)						
Busines	s or Residen	ce Address	(Number	and Street	, City, State	, Zip Code)						
Name of	f A.ssociated	Broker or I	Dealer				· ***		····			•
States in	V/hich Pers	son Listed H	as Solicited	or Intends	to Solicit P	urchasers		•				
(Chec	k "All State	s" or check	individual S	States)					***************************************			All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NII] [TN]	[CA] (KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	(DC) [MA] [ND] [WA]	(FL) (MI) (OH) (WV)	[MN]	HI] MS] ORJ WY]	(ID) (MO) (PA) (PR)
Full Nar		me first, if in		[10]		(**)	1:11	11119		1.27		
Busines	s or Residen	ce Address	(Number	and Street	, City, State	, Zip Code)		****				
Na	C / non-i-s-1	Dagless - T	You law									
Name of	f Associated	proker of L	Jealer									
States in	Which Per	son Listed H	las Solicited	or Intends	to Solicit P	urchasers						
(Chec	k "All State	s" or check	individual S	States)								All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SCI	[AZ] [IA] [NV] (SD)	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	(CO) [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	(FL] (MI] (OH) (WV)	[MN] [OK]	HI] MS] OR] WY]	[ID] [MO] [PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

⁽¹⁾ Issuer may, in its sole discretion, waive the minimum subscription amount.

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security Debt		C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF.	PROCEEDS		,	
Type of Security Debt. S S S S Equity S S 40,556,730 S 40,556,730 S 40,556,730 S 40,556,730 S 40,556,730 S 40,556,730 S 5 S S S S S S S S S S S S S S S S S	1.	sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\subseteq \) and indicate in the columns below the amounts of the securities offered for exchange and		Aggregato		A m.	nunt Already
Equity		Type of Security				Am	
Convertible Securities (including warrants) S		Debt	\$_			\$,
Convertible Securities (including warrants) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		Equity	\$_	40,556,730		\$	40,556,730
Partnership Interests							
Partnership Interests		Convertible Securities (including warrants)	\$			\$	
Total Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Accredited Investors 71(1) \$ 40,556,730 Non-accredited Investors 0 0 \$ n/a Total (for filings under Rule 504 only) 1/10 n/a \$ n/a Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Rule 505. 1/a n/a \$ n/a \$ n/a Rule 505. 1/a n/a \$ n/a \$ n/a Regulation A 1/a \$ n/a \$ n/a \$ n/a Total 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees.		Partnership Interests	\$_				
Total Answer also in Appendix, Column 3, if filling under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering; and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Accr:dited Investors		Other (Specify)	\$_			s	
Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering; and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Accredited Investors. 71 (1) \$ 40,556,730. Non-accredited Investors 0 \$ 1/1 (1) \$ 40,556,730. Non-accredited Investors 0 \$ 1/2 (1) \$ 1/2 (\$	40,556,730
offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number Investors							
Non-accredited Investors 0 S n/a Total (for filings under Rule 504 only)	2.	offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their		*		Do	llar Amount
Non-accredited Investors 0 S n/a Total (for filings under Rule 504 only)		Accredited Investors		71 (1)		\$	40,556,730
Total (for filings under Rule 504 only)						s —	n/a
Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Rule 505						s —	n/a
ties sold by the issuer, to date, in offerings of the types indicated, in the twelve (‡2) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Rule 505		•					
Type of offering Rule 505	3.	ties sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to		Time of		Da	llon Amount
Regulation A		Type of offering				Du	
Rule 504		Rule 505		n/a		s	n/a
Total		Regulation A		n/a		s	n/a
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees		Rule 504		n/a		s	n/a
securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees. Printing and Engraving Costs Legal Fees. S 4,250 Legal Fees. S 19,730 Accounting Fees. Engineering Fees. Sales: Commissions (specify finders' fees separately). Other Expenses (identify) Escrow Fees S 2,000		Total		n/a		s	n/a
Printing and Engraving Costs	4.	securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is					
Legal Fees ☒ \$ 19,730 Accounting Fees ☒ \$ Engineering Fees ☒ \$ Sales: Commissions (specify finders' fees separately) ☒ \$ Other Expenses (identify) Escrow Fees ☒ \$ 2,000		Transfer Agent's Fees				s	
Accounting Fees SEngineering Fees Sales: Commissions (specify finders' fees separately)		Printing and Engraving Costs			\boxtimes	\$	4,250
Engineering Fees SSales: Commissions (specify finders' fees separately)		Legal Fees			\boxtimes	s_	19,730
Sales Commissions (specify finders' fees separately)		Accounting Fees				\$_	
Other Expenses (identify) Escrow Fees		Engineering Fees				s	
		Sale:: Commissions (specify finders' fees separately)				\$	
		Other Expenses (identify) Escrow Fees			\boxtimes	\$	2,000
					\boxtimes	s	25,980

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(1) One investor resides in a foreign country.

total expenses furnished in response t								
							\$	40,530,750
h of the purposes shown. If the amounce the box to the left of the estimate.	nt for any purpose is not know The total of the payments list	vn, furnish an estimate ed must equal the adju	and					
ss proceeds to the Issuer set forth in resp	ionse to Part C - Question 4.b. E	idove.		Off Direc	icers, tors, &		P	ayments To Others
alaries and fees							\$	Others
								··· <u></u>
						•		
•								
		•	ш	" —			ʹ,	
ffering that may be used in exchange i	for the assets or securities of a	nother issuer		s			\$.	
Repayment of indebtedness				\$			\$	
Vorking capital	***************************************			s		\boxtimes	\$	40,530,750
Other (specify):							\$	
		***************************************		\$			\$	
Column Totals		•1•••••		\$			\$	
Salaries and fees Purchase of real estate				⊠ \$_	40),530	,750	
	D. FEDERAL SI	GNATURE						
re constitutes an undertaking by the iss	uer to furnish to the U.S. Secu	rities and Exchange C	ommi	ission, u	iled unde pon writte	r Rule en req	e 505 uest	, the following of its staff, the
• • •	Signature	enoi			Date	9/5	5-/0	5
Print or Type)	Title (Print or Type)							
Arvind Menon	Chief Executive Officer ar	nd President						

	ck the box to the left of the estimate. Is proceeds to the issuer set forth in respondence of real estate. Purchase of real estate. Purchase, rental or leasing and installation of other businesses (including that may be used in exchange the pursuant to a merger). Repayment of indebtedness. Portion (specify): Column Totals. Cotal Payments Listed (column totals addressed to the station furnished by the issuer to any non-Print or Type) Meadows Bank Print or Type) Meadows Bank Print or Type)	ck the box to the left of the estimate. The total of the payments list is proceeds to the issuer set forth in response to Part C - Question 4.b. a calculation and fees	ck the box to the left of the estimate. The total of the payments listed must equal the adjust sproceeds to the issuer set forth in response to Part C - Question 4.b. above. Salaries and fees Purchase of real estate Purchase, rental or leasing and installation of machinery and equipment Construction or leasing of plant buildings and facilities Acquisition of other businesses (including the value of securities involved in this differing that may be used in exchange for the assets or securities of another issuer surrurant to a merger) Repayment of indebtedness Working capital Other (specify): Column Totals Cotal Payments Listed (column totals added) D. FEDERAL SIGNATURE user has duly caused this notice to be signed by the undersigned duly authorized person. If the reconstitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Cation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Ruffrint or Type) Meadows Bank Print or Type) Title (Print or Type) Title (Print or Type)	Construction or leasing of plant buildings and facilities	ck the box to the left of the estimate. The total of the payments listed must equal the adjusted so proceeds to the issuer set forth in response to Part C - Question 4.b. above. Paymont Office Affiliation of Direct Affiliation of machinery and equipment states and fees shared, rental or leasing and installation of machinery and equipment structure of the payments of plant buildings and facilities shared and facili	ck the box to the left of the estimate. The total of the payments listed must equal the adjusted so proceeds to the issuer set forth in response to Part C - Question 4.b. above. Payments to Officers, Directors, & Affiliates falaries and fees	ck the box to the left of the estimate. The total of the payments listed must equal the adjusted so proceeds to the issuer set forth in response to Part C - Question 4.b. above. Payments to Officers, Directors, & Affiliates falaries and fees	ck the box to the left of the estimate. The total of the payments listed must equal the adjusted so proceeds to the issuer set forth in response to Part C - Question 4.b. above. Payments to Officers, Directors, & Affiliates alaries and fees

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE							
1.	Is any party described in 17 CFR 230.262 pro	sently subject to any of the disqualification provisions of such rule?	Yes	No ⊠					
		See Appendix, Column 5, for state response.							
2.	The undersigned issuer hereby undertakes to CFR 239.500) at such times as required by st	furnish to any state administrator of any state in which this notice is filed, a notice ate law.	e on Forn	D (17					
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.								
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.								
	e issuer has read this notification and knows t ly authorized person.	the contents to be true and has duly caused this notice to be signed on its behalf by Λ	the unde	rsigned					
1	(D:- (- T)								
155	uer (Print or Type) Meadows Bank	Signature Date 9/5/6	8						
N٤	me (Print or Type)	Title (Print or Type)							

Chief Executive Officer and President

Instruction:

Arvind Menon

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 2 3 4 Disqualification under State ULOE Type of security and aggregate offering price offered in State (Part C-Item 1) Intend to sell (if yes, attach Type of investor and amount purchased in State (Part C-Item 2) explanation of waiver granted) (Part E-Item 1) to non-accredited investors in State (Part B-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors Amount (\$) Investors Amount Yes No ΑL AK ΑZ AR CA Х Common Stock / 3 \$470,000 0 \$0 Х \$470,000 х Common Stock / 2 \$550,000 0 \$0 Х CO \$550,000 CTDE DC FL GA HI ID IL IN IΑ KS KY LA ME MD MA Ml MN MS

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1	Intend to non-a investor	to sell accredited in State	Type of security and aggregate offering price offered in State (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)					5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
MT											
NE											
NV		Х	Common Stock / \$39,381,730	68	\$39,381,730	0	\$0		х		
NH				=			-				
lИ		х	Common Stock / \$75,000	l	\$100,000	0	\$0		Х		
NM									ļ		
NY		х	Common Stock / \$100,000	1	\$100,000	0	\$0		Х		
NC		,									
ND											
ОН							<u>. </u>				
ок											
OR		Х	Common Stock / \$100,000	1	\$100,000	0	\$0		Х		
PA											
RI									<u> </u>		
sc											
SD	<u> </u>										
TN											
TX								<u> </u>	ļ		
UT								_			
VT									<u> </u>		
VA								<u> </u>			
WA			ļ								
wv	<u> </u>										
WI											
WY							LM	D	ļ		
PR							المنسلا	10_			